

Online Research @ Cardiff

This is an Open Access document downloaded from ORCA, Cardiff University's institutional repository: <https://orca.cardiff.ac.uk/id/eprint/131195/>

This is the author's version of a work that was submitted to / accepted for publication.

Citation for final published version:

Samuriwo, Raymond ORCID: <https://orcid.org/0000-0001-5954-0501>,
Yasumati, Patel and Bullock, Alison ORCID: <https://orcid.org/0000-0003-3800-2186> 2020. 'Response to "Gender bias in medical education: stop treating it is an inevitability. Medical Education 54 (9) , p. 864. 10.1111/medu.14205 file

Publishers page: <https://doi.org/10.1111/medu.14205>
<<https://doi.org/10.1111/medu.14205>>

Please note:

Changes made as a result of publishing processes such as copy-editing, formatting and page numbers may not be reflected in this version. For the definitive version of this publication, please refer to the published source. You are advised to consult the publisher's version if you wish to cite this paper.

This version is being made available in accordance with publisher policies.

See

<http://orca.cf.ac.uk/policies.html> for usage policies. Copyright and moral rights for publications made available in ORCA are retained by the copyright holders.



This is an author accepted manuscript version of 'Response to Gender bias in medical education: stop treating it is an inevitability'

by Ray SAMURIWO^{1,2,*}, Yasumati PATEL³, Alison BULLOCK⁴

Published in the Medical Education Journal

<https://onlinelibrary.wiley.com/doi/abs/10.1111/medu.14205>

Dr Ray Samuriwo^{1,2*} PhD

¹School of Healthcare Sciences, Cardiff University, Cardiff; United Kingdom

²Wales Centre for Evidence Based Care, Cardiff University; Cardiff, United Kingdom

Miss Yasumati Patel³ BSc

³School of Medicine, Cardiff University; Cardiff, United Kingdom

Professor Alison Bullock⁴ PhD

⁴Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE), School of Social Sciences, Cardiff University; Cardiff, United Kingdom

Corresponding Author:

* Dr Ray Samuriwo, School of Healthcare Sciences, Cardiff University; Cardiff, CF14 4XN
United Kingdom

Email: samuriwor@cardiff.ac.uk Telephone: + 00 44(0)290 2068 7749

Competing Interests: None

Word count: 400 words

We welcome the feedback (1) and dialogue about our study (2). We will clarify our perspective and its ontological, epistemological and axiological underpinnings. We concur about the perils of a cisnormative worldview and the imperative for gender diversity in medical education as evinced by our earlier commentary (3). Our participants identified exclusively as male or female (2), therefore it was untenable to relate their narratives more broadly to people who are transgender, non-binary gender or gender fluid.

Some of our findings (2) may be construed as indicating overt gender bias, but they were not viewed as such by the participants. Our study (2) raises questions about what “counts” as gender bias to medical students, as the participants set out the circumstances which might make them more or less inclined to challenge inappropriate behaviour in relation to this issue. Therefore, it was of cardinal importance to discuss the circumstances, conditions and factors that may result in some medical students being socialised to normalise gendered ways of learning. The emphasis in our study (2) was not on reporting systems and the obligations of medical schools. This does not absolve medical schools of their obligations to ensure gender parity and to have effective reporting systems. Instead, our study (2) underscores the pressing need for more effective measures to address gender bias in medical education in light of its deleterious impact on individuals and patient safety (3).

Top down approaches are important, but they are not a panacea and there are no proven solutions to gender bias in medical education. Medical schools must take urgent action informed by research, theory and dialogue to ensure gender parity in medicine. Bias is often subtly manifest in behaviour such as othering, healthcare systems are complex (3), and gender is socio-culturally constructed (2). Gender intersects with other aspects of identity that can give rise to prejudice such as ethnicity, sexual orientation, class, and religious belief (4). Meaningful change arises when things are understood as they are experienced, and people have a theory of action that reflects their reality (5). Education only emancipates, empowers, and liberates the oppressed when students and educators collectively develop theories to underpin learning in practice through dialogue as a community (6). It may be more apt to create communities of practice where students and educators work collaboratively in dialogical partnership to develop a shared culture of meaning which embeds gender equity in medical education.

References

1. Mann S, Ariyanayagam D. Gender bias in medical education: stop treating it as an inevitability. *Medical Education*. 2020;Article in press.
2. Samuriwo R, Patel Y, Webb K, Bullock A. ‘Man up’: Medical students’ perceptions of gender and learning in clinical practice: A qualitative study. *Medical Education*. 2020;54(2):150-61.
3. Samuriwo R, Patel Y, Webb K, Bullock A. Medical education and patient safety: time to look beyond gendered attributes? *Medical Education*. 2018;52(7):685-7.
4. Crenshaw K. Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*. 1991;43(6):1241-99.
5. Rosmini A. *Principles of Ethics*. Translated by Denis Cleary and Terence Watson. Edited by Antonio Belsito. Durham: Rosmini Publications; 1988.
6. Freire P. *Pedagogy of the oppressed*. Penguin Books 1973.